



Mayor's Youth Council Application 2007-2008



Full Name _____ Preferred Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

E-mail address _____ Date of Birth _____

Circle Year for Fall 2007: Freshman Sophomore Junior Senior

Circle Unisex tee shirt size: Small Medium Large X-Large XX-Large

Have you ever been a member of the Mayor's Youth Council? Y/N

If yes, where and for how long did you serve? _____

Are you presently working and have a job? Where and how many hours?

Are you presently serving on a school group, club or other organization? Y/N

If so, which one(s)?

Are you interested in running for a MYC Officer position? Which one?

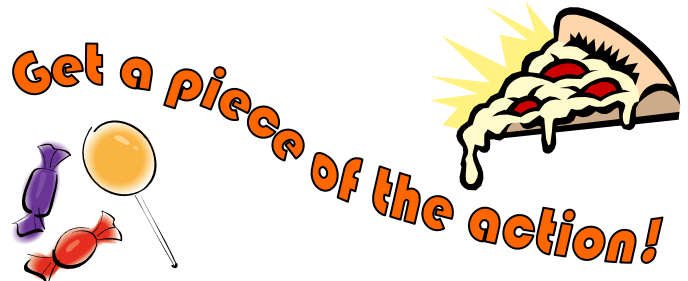
Please write a sentence on why you are interested in serving on the Mayor's Youth Council?

I have read the information and understand that if accepted for membership, I will need to attending meetings, volunteer at events and help with MYC activities and projects. I have shared this information with my parent(s) or guardian(s). I have thought about the other activities in which I am involved and believe I have the time to commit to being a valuable member of the Mayor's Youth Council.

Student signature

Parent Approval Signature





Mayor's Youth Council

Youth Leadership Day



Dodgeball



Teen Congress

- ☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆
- ☆ In the MYC, You will enjoy the company of your peers and friends ☆
 - ☆ while learning about your community and local government. ☆
 - ☆ The MYC will provide you many opportunities to earn all your ☆
 - ☆ community service credits, that are required for graduation, in a ☆
 - ☆ flexible and fun atmosphere. ☆
 - ☆ MYC participants do fun activities like attend BBQ's at the Mayors ☆
 - ☆ house, Spring Training Baseball games, visit tent city, go to theme ☆
 - ☆ parks, have pizza parties, win candy and lots of other fun activities. ☆
 - ☆ Plus you'll earn cool rewards and recognition for your time spent ☆
 - ☆ volunteering and working on community projects! ☆
 - ☆ **The MYC is completely Free \$\$\$ to all Participants!** ☆
- ☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆



Fountain Hills Parks and Recreation Program Registration and Release of Liability



www.fh.az.gov

Family Main Contact _____

Address _____ City, State, Zip _____

Home Phone _____ Alt. Phone _____ Email _____

Some programs do not
require this information

	Participant's name (please print)	Birth Date	Program Title	Course Number	Fee
1			Mayors Youth Council		
2					
3					

T-shirt

Sex Grade Size

By signing below I understand that no medical insurance is provided for Town of Fountain Hills activities and agree to assume the risk of any injury related to my participation or the participation of my dependants. I agree to make no claims against the Town of Fountain Hills or any of it's officers, employees, or volunteers for any injury or incident arising from this activity, however caused, including liability for negligence. I am physically able (or my dependants are physically able) to participate in this activity. I consent to any medical treatment my dependent needs while involved in this activity and I agree to pay for it. I realize that the Town of Fountain Hills is not responsible for lost or stolen articles.

Signature (parent/guardian if under 18) _____

Date _____

Mail to: Fountain Hills Parks and Recreation
ATTN: Program Registration
16705 E. Avenue of the Fountains
Fountain Hills, AZ 85268

Fax to: 480-837-3999

**IF YOU REQUIRE SPECIAL ACCOMMODATIONS,
PLEASE CALL 480-816-5252 or 1-800-367-8939 (TTD)**

Card # _____ - _____ - _____

Exp date ____/____ Amount \$ _____

☐ Visa ☐ Mastercard

Card holder (print name) _____

Authorized Signature _____

**Make checks payable to:
Town of Fountain Hills**

For Office Use Only

Date Received _____

Cash / Credit or Check # _____

Amount _____ Initials _____